

SEARCH AND RESCUE MEDICAL TECHNICIAN EVALUATION REPORT

NAME:	RATE:	SSN:	DATE:
TYPE AIRCRAFT:	DATE OF LAST EVALUATION:		

REQUIREMENT	DATE COMPLETED	EXPIRES	Q	GRADE CQ	U
MEDICAL QUALIFICATIONS	_____	_____	_____	_____	_____
A. BCLS	_____	_____	_____	_____	_____
B. NREMT-BASIC	_____	_____	_____	_____	_____
C. I.V. CERTIFICATION	_____	_____	_____	_____	_____
MEDICAL PHASE	_____		_____	_____	_____
FLIGHT PHASE	_____		_____	_____	_____
INLAND RESCUE (NOTE #1)	_____		_____	_____	_____
WRITTEN EXAMINATION (NOTE #2)	_____			GRADE: _____	
PHYSICAL READINESS TEST (NOTE #3)				GRADE: _____	

REMARKS OF EVALUATOR/INSTRUCTOR:

EVALUATOR/INSTRUCTOR:	SIGNATURE:	DATE:
SAR MEDICAL TECHNICIAN:	SIGNATURE:	DATE:
COMMANDING OFFICER:	SIGNATURE:	DATE:

NOTE #1	2 RAPPELS/1 SHORT HAUL FROM A/C EVERY 30 DAYS OR 3 RAPPELS FROM A SUITABLE TOWER.
NOTE #2	MINIMUM GRADE OF 3.4 REQUIRED.
NOTE #3	MOST RECENT/GOOD OR ABOVE.